TITLE III-B RESPITE CARE

(Formerly Title III Respite and Alzheimer's Respite)

I. SERVICE DEFINITION

Respite Care is a service which, in the absence of the primary caregiver, provides at-risk persons, sixty years of age or older who are infirmed, disabled, chronically ill, or victims of Alzheimer's disease with the necessary support in the activities of daily living. Respite Care relieves the primary caregiver from 24-hour care of an infirmed older person. The service is for Delaware residents and is provided either in the home or by temporary placement in a long-term care/residential facility.

Respite Care should be provided in the absence of the primary caregiver in order to relieve them of continuous care responsibilities. The type and extent of care may vary depending on the circumstances.

II. SERVICE GOAL

The goal of Respite Care is to provide the caregiver with relief from the demands of care-giving. The intent is to reduce stress and exhaustion of the caregiver while assuring continuous care for the infirmed older person.

III. SERVICE UNIT

The unit of service for Respite Care may be either hourly or daily depending on the extent and type of service rendered. The provider shall develop three rate schedules, as applicable:

- An hourly rate for in-home respite care. This service relieves the primary caregivers so that they may rest or leave the home for short periods of time.

- A daily rate for in-home respite care given in excess of eight-hour segments to a maximum of seventy-two hours.

- A daily rate for institutional setting respite services. Institutional respite is defined as respite provided in a licensed nursing home facility or a licensed assisted living facility.

- The number of Respite hours will be determined by the provider agency during assessments and reassessments and will not exceed 260 hours per client per contract year. Each day of institutional respite counts as 24 hours of service toward the maximum limit of 260 hours per client per contract year.

IV. SERVICE AREA

The Respite program is available to all eligible persons within Delaware subject to availability of the service. Providers may apply for sub-areas of the State.

V. SERVICE STANDARDS

Respite services must meet or exceed the following standards:

- The agency must meet and comply with all Federal, State and local rules, regulations and standards.
- Agency must be able and willing to provide Respite Care seven (7) days a week with extended hours as needed.
- The agency must be prepared to provide the following service components based on the client's individualized care plan:
  - Household duties: light cleaning, laundry and meal preparation
  - Personal care, such as: bathing, shampooing, shaving, dressing, toileting
  - Companionship
  - Training/Instruction
- Clients, family members, and/or caregivers must be informed of the cost of providing respite service and must be offered the opportunity to make voluntary contributions to help defray the cost, thereby making additional service available to others. Providers must:
  - Inform applicants, family members and/or caregivers of the cost of providing services and offer them the opportunity to make voluntary contributions
  - Protect their privacy with respect to his/her contribution
  - Safeguard and account for all donations
  - Use the contributions to expand services
- Screening of all referrals for service must be completed within five (5) working days of receipt, including identification of possible eligibility for respite care funded from a source other than this program.
- Assessments, reassessments and client care plans must be done by a Registered Nurse (RN) or, by a Licensed Practical Nurse (LPN), with the RN supervisor co-signing the assessments, reassessments and care plans. In-home case assessments must be done within five (5) working days of receipt of application, unless there is a prioritized waiting list.
- The Agency shall prepare an Individualized Care Plan for the client. The Plan must identify those services to be provided to the client while the caregiver is relieved. The caregiver must play an integral role in the development of the care plan to ensure that the hours of service provided meet the needs of the caregiver. The client's concerns and desires should be considered in the development of the plan. A plan of care must be developed for each new client within five (5) working days after enrollment.

SERVICE STANDARDS (cont.)

- Clients must be reassessed every three (3) months to determine if services currently provided through the program continue to meet the needs of the client; and, to revise the plan of care, as necessary. Any observed changes must be immediately noted in the client plan of care.
- A caregiver assessment must be completed at the initial interview and every 90 days thereafter. These written assessments of the **caregiver's needs** should become part of the client's permanent case file, and be available for review during monitoring or other auditing sessions. Caregiver assessments should be detailed and thorough, with adjustments in service hours where applicable, to ensure the caregiver's needs remain the primary focus and are being met to the best of the provider's ability.
- All plans of care and other participant records must be kept in a secure location to protect confidentiality.
- All staff providing the service must be fully trained and professionally qualified, with supplemental training provided as appropriate to handle all the special populations included in this program.
- All staff providing patient care must be in such physical and mental health as to not adversely affect the health of the client or the quality of care he/she receives.
- The agency must maintain records, collect contributions, prepare reports, and carry out other administrative efforts necessary to provide Respite services.
- The caseload must be reviewed whenever a vacancy arises (or more frequently) to make sure priority clients are being served.
- The agency must maintain records and submit reports quarterly or more frequently if requested by DHSS.

VI. PROHIBITED SERVICE

Respite service may <u>not</u> include any of the following:

- Respite service provided to persons eligible under some other financing program <u>unless</u> on a temporary basis, until eligibility is confirmed. (Exceptions must receive approval from DSAAPD on a case-by-case basis)
- Respite Service provided to persons receiving personal care or adult day services. (Exceptions must receive written approval from Division Contract Manager)
- Nursing care, unless provided by a Registered Nurse or Licensed Practical Nurse
- Nail or foot care of diabetics
- Lawn care, garden care, raking or snow removal
- Heavy-duty cleaning, furniture moving, or other heavy work
- Financial or legal advice or services (except for referral to qualified agencies or programs)

- More than 72 hours per occasion in the home or more than one (1) week in an institution
- More than 260 hours of Respite Care per client per contract year
- Providing service to persons under sixty years of age

VII. SERVICE AND CLIENT PRIORITIES

Respite Care funded by the Division is available only to Delaware residents 60 years of age or older who would not otherwise qualify for this service under any other program.

Priority for Respite Care should go to those individuals meeting the above conditions who are otherwise eligible for admission to an Intermediate Care Facility if they do not receive Respite Care.

Priority shall be given to referrals from hospitals, doctors, case management staff, and family support groups. Individuals who are most socially and economically disadvantaged will have priority for service.

VIII. WAITING LISTS

When the demand for a service exceeds the ability to provide the service, a waiting list is required. Applicants will be placed on the waiting list until services can be provided; or, until the applicant no longer desires services. The waiting list must be managed in accordance with DSAAPD policy X-I-4, Client Service Waiting Lists.

The service provider's guidelines for prioritizing clients on the waiting list must be in writing and available for review. In addition to any other client priorities listed in the service specifications, these guidelines may include, as appropriate:

- Danger or risk of losing support systems, especially living settings or supports necessary for self-maintenance
- Risk of institutionalization
- Significant risk of abuse or neglect
- Basic health, safety and welfare needs not being met through current supports
- Risk of functional loss without intervention or ongoing skill maintenance services
- Exhibition of behavior that presents a significant risk of harm to self or others
- Compatibility with available services.

In each case, the reason for the selection of an individual ahead of others on the waiting list must be documented (e.g. in writing and available for review).

IX. TYPE OF CONTRACT

Unit Cost/Fixed Reimbursement Rate

X. METHOD OF PAYMENT

DSAAPD will reimburse the rate for each hour and/or day of eligible service based upon receipt of an invoice within ten (10) calendar days after the end of each month. Contractors, at their discretion, may bill more frequently. The minimum acceptable billing period is biweekly, with the exception of periods at the beginning or end of the contract year. Each itemized invoice submitted for reimbursement must contain the following information in order to qualify for reimbursement:

1. Client names
2. Number of Hours and/or Days per Client
3. Hourly and/or Daily Rate
4. Total Cost (2 times 3 above)
5. Subtract participant contributions collected this billing period
6. Total amount requested to be reimbursed from DSAAPD funds

XI. REPORTING REQUIREMENTS

A Quarterly Program Report and a Quarterly Financial Report are required and must be received by DSAAPD no later than twenty-one (21) calendar days following the end of the quarter. Each report must contain a live signature (preferably in blue ink) of the official who completed the report. The phone number and the date the report was completed are also required. A final financial report is due to the Division within ninety (90) calendar days after the program end date. Additional information can be found on these reports in the DSAAPD Policies and Procedures Manual.

TITLE III-B RESPITE CARE

PLANNED SERVICE UNITS AND PROPOSED OBJECTIVES

GRANTEE / AGENCY NAME: _____

PROGRAM NAME: _____

PLANNED SERVICE UNITS	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Total
Number of Respite Aide Direct Hours					
Number of Daily Units of Service					
Number of Units of Institutional Service					
Unduplicated Number of Clients Served					
Number of New Client Assessments					
Number of Client Reassessments					
Number of New Care Plans Developed					
Number of New Caregiver Assessments					
Number of Caregiver Reassessments					
Number of Referrals to Other Services					
Number of Information-Assistance Events					

NOTE: The above projections (goals) are compared with actual statistics on the Service Objectives Status Form, which is Page 2 of the Quarterly Program Performance Report.